as currently structured and, allowing for possible further expansion, accept the fact that this is a necessarily expensive but nevertheless an important social program;

- Freeze the composition of the program and its benefits, allowing expansion only to the extent that additional Californians qualify for benefits under current eligibility requirements;
- Curtail eligibility standards or program benefits or both to meet federally acceptable levels that existed at some point earlier in Medi-Cal's 14-year history; or
- Institute a method of graded "participatory responsibility" by recipients so that they, as well as other members of society, become watchdogs of public monies.

REFERENCES

1. Myers BA: Report to the Legislature Pursuant to HR27—Strategies for Containing the Costs of the Medi-Cal Program. Sacramento, California, Department of Health Services, 1980

2. Leighton RE: 'Looking for the Monster'—Description of the Problem of Medi-Cal Costs and Catalog of Cost Containment Strategies. Sacramento, California, Department of Health Services, Jan 1980

3. California Medical Assistance Program, Annual Statistical Report, Calendar Year 1970. Sacramento, California, Department of Health Care Services, 1971

4. California Medical Assistance Program, Annual Statistical Report, January-December 1971. Sacramento, California, Department of Health Care Services, 1973

5. California Center for Health Statistics: California's medical assistance program annual statistical reports, calendar years 1972-1978. Data Matters, topical reports, Jul 1979, Aug 1978, Mar 1978, Jul 1977, Jul 1976, Jun 1976, Feb 1976

6. California Center for Health Statistics: The Medi-Cal program—A brief summary of major events. Data Matters, topical reports, Sep 1, 1979

Injury From Ingestion of Corrosive Agents

THE EXPERIENCE of the first 50 years of this century indicated that corrosive injuries of the upper gastrointestinal tract were largely confined to the esophageal membrane. This is due to the fact that most ingested corrosive agents were strong alkalis, prepared in the dry pellet, pill or flake form. When taken by mouth, these anhydrous materials tended to adhere to the surface of the esophageal membrane, go into solution with the addition of saliva, and produce local necrosis which later heals to yield a segmental stricture. . . . In the mid-1960's the innovative chemical industry began to formulate strong corrosive agents in a liquid form. For the first time, the consumer could run down to his favorite supermarket and purchase household and plumbing cleaners, air fresheners, and so on, containing liquid alkalis, liquid phenols and liquid acid preparations. . . . These liquid agents pass quickly through the esophagus into the stomach, where maximum corrosive injury takes place. . . . While we must consider the potential of esophageal injury, the stomach and, to a lesser degree, the duodenum deserve increasing emphasis and our best diagnostic efforts.

—LOUIS W. WELSH, MD, *Jenkintown, Pennsylvania*

Extracted from *Audio-Digest Otorhinolaryngology*, Vol. 11, No. 24, in the Audio-Digest Foundation's subscription series of tape-recorded programs. For subscription information: 1577 East Chevy Chase Drive, Glendale, CA 91206.